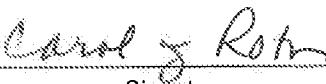


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number 310151.412																																											
FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)																																													
Application Number 10/825,084		Filed April 15, 2004																																											
For INDENE DERIVATIVES AS PHARMACEUTICAL AGENTS																																													
Art Unit 1612	Examiner Barbara P. Badio																																												
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;"><u>Fee</u></th> <th style="width: 40%; text-align: center;"><u>Small Entity Fee</u></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130</td> <td style="text-align: center;">\$65</td> <td style="text-align: center;"><u>\$130</u></td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490</td> <td style="text-align: center;">\$245</td> <td style="text-align: center;"><u>\$_____</u></td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110</td> <td style="text-align: center;">\$555</td> <td style="text-align: center;"><u>\$_____</u></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730</td> <td style="text-align: center;">\$865</td> <td style="text-align: center;"><u>\$_____</u></td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350</td> <td style="text-align: center;">\$1175</td> <td style="text-align: center;"><u>\$_____</u></td> </tr> <tr> <td> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</td> <td colspan="3"></td> </tr> <tr> <td><input type="checkbox"/> A check in the amount of the fee is enclosed.</td> <td colspan="3"></td> </tr> <tr> <td><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</td> <td colspan="3"></td> </tr> <tr> <td><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</td> <td colspan="3"></td> </tr> <tr> <td><input checked="" type="checkbox"/> The Director is hereby authorized to charge the above fees, or credit any overpayment, to Deposit Account Number <u>19-1090</u>.</td> <td colspan="3"></td> </tr> </tbody> </table>				<u>Fee</u>	<u>Small Entity Fee</u>	<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	<u>\$130</u>	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	<u>\$_____</u>	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	<u>\$_____</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	<u>\$_____</u>	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	<u>\$_____</u>	 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.				<input type="checkbox"/> A check in the amount of the fee is enclosed.				<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.				<input checked="" type="checkbox"/> The Director is hereby authorized to charge the above fees, or credit any overpayment, to Deposit Account Number <u>19-1090</u> .			
	<u>Fee</u>	<u>Small Entity Fee</u>																																											
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	<u>\$130</u>																																										
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	<u>\$_____</u>																																										
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	<u>\$_____</u>																																										
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	<u>\$_____</u>																																										
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	<u>\$_____</u>																																										
 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.																																													
<input type="checkbox"/> A check in the amount of the fee is enclosed.																																													
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																													
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.																																													
<input checked="" type="checkbox"/> The Director is hereby authorized to charge the above fees, or credit any overpayment, to Deposit Account Number <u>19-1090</u> .																																													
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>																																													
<p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration No. <u>32,783</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____.</p>																																													
 Signature Carol J. Roth Typed or printed name		April 2, 2009 Date 206-622-4900 Telephone Number																																											
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.</p>																																													
SEND TO: Commissioner for Patents, P.O. Box 1350, Alexandria, VA 22313-1350. 1362701.DOC																																													